Committee Name:	
HARRISON COUNTY WV	VICTORY FUND
If registered, FEC ID:	
Today's Date:	essione saves various ?
April 30, 2013	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	

Re: Form 1, Statement of Organization—Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,	
Salar Ola	
Jacken & John	
Treasurer's Name:	
Jackson L. Smith	Treasure

## 13031080405

FEC	
<b>FORM</b>	1

## STATEMENT OF ORGANIZATION

	RECE	IVET
201	JUN 17	AM 7: 11
EE	C A	Office Use On

1 0111111		F	Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4MSENTER
HARRISON CO	0,0,47,4,44,14	ICTORY FUN	P <sub>1</sub> D <sub>1</sub> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ADDRESS (number and street)	RR 2 BOX	3.05	
(Check if address is changed)	POBOX 45	7	
v io statigoty	LOST CREE	<u>ų</u> ,,,,,,,,,	WV 2, b, 3, 85, - [0, 4,5, 7] STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	har Fison C	ountygo PCL	airogmail.com
,	Optional Second E-Mail Add		
		en de la Maria de la Companya de la Maria de la Companya de la Com	
COMMITTEE'S WEB PAGE AD	DRESS (URL)		The Control of the Co
(Check if address is changed)		1 1 1 1 1 1 1	
·			
2. DATE 0 4 3	0 2013		
3. FEC IDENTIFICATION N	UMBER ▶ C	e de la companya del companya de la companya del companya de la co	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	Tackson L	. Smith	
Signature of Treasurer	chen & fru	úl	Date 04 30 2013
NOTE: Submission of talse, errone	eous, or incomplete information r		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	FEL. EUBNI I

FE	C FOI	11 1 (Hevised 02/2003)
TYPE (	OF C	OMMITTEE
Cendi	date	Committee:
(a)	erii erii	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candida		
Candide Party A		Office State on Sought: House Senate President District
(c)	1. 1 14 J	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name o		
Party	Com	nmittee:
(d)		(National, State (Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
(-)		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		Membership Organization Irade Association Cooperative In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
laint l	<b>-</b>	
Joint I	runo	Iraising Representative:
(g)	 .::	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	E N Car	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
•	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

rite or Type Committee Name			
Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising F	Representative,	or Leadership PAC Sponsor
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization , Affiliated Committee Joint Fundrai	sing Represental	Leadership PAC Sponsor
Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and p	osition of the pe	erson in possession of committee
Full Name	KSON L SMITH		
Mailing Address	[P.O. B.O.X. 457		
	LOST CREFK	J WV	26385-0457
Title or Position	CITY	STATE	ZIP CODE
TREASULER	Telephone	number <u>B</u>	0,4-7,45-46,00
		the committee;	and the name and address of
Full Name of Treasurer	450N L SIMSTA		
Mailing Address	1P.O. BOX 4.57		
	LOST CREEK		263851-6457
	CITY	STATE	ZIP CODE
	Name of Any Connected Conn	CITY  Relationship: Connected Organization Affiliated Committee Joint Fundrai  Custodian of Records: Identify by name, address (phone number optional) and p books and records.  Full Name Position CITY  Title or Position CITY  Treasurer: List the name and address (phone number optional) of the treasurer of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer DACU SON L. S.M.T. H.  Mailing Address  Po Box 4.57  Mailing Address	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative,  CITY STATE  Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative,  Custodian of Records: Identify by name, address (phone number — optional) and position of the period books and records.  Full Name  Mailing Address  P.O. B.O.K. 45.77  Treasurer: List the name and address (phone number — optional) of the treasurer of the committee; any designated agent (e.g., assistant treasurer).  Full Name of Treasurer Treasurer of the committee; any designated agent (e.g., assistant treasurer).  Full Name of Treasurer Treasurer of the committee; and the treasurer of the treasurer of the committee; and the treasurer of the committee; and the treasurer of the treasurer of the committee; and the trea

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		1 1 1 1	
		1111	
	CITY	STATE	ZIP CODE
Title or Position	1	umber <u></u>	
	Depositories: List all banks or other depositories in which the commoves or maintains funds. Depository, etc.  HARRISON COUNTY BANK		
Mailing Address	MAIN STREET	1 1 1 1	
	40KX98	1111	
	LOST CREEK	WK	126385 - 10098
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
			ı
Mailing Address			
		1,111	
			<u> </u>

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

(3/2005)

PREPÀRER